

REQUEST FOR PROPOSALS
FOR
ADULT PROTECTIVE SERVICES
FOR MCDJFS

Issued by:
THE BOARD OF MAHONING COUNTY COMMISSIONERS AND
MAHONING COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES (MCDJFS)

709 N. GARLAND AVENUE
YOUNGSTOWN, OHIO 44501

(AUGUST 2006)

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REQUEST FOR PROPOSALS (RFP) for ADULT PROTECTIVE SERVICES

MCDJFS MISSION STATEMENT

We make a difference in the Mahoning County community by helping individuals and families achieve stability.

1.0 GENERAL OVERVIEW

1.1 Introduction & Purpose of the Request for Proposal

MCDJFS is seeking proposals for the purchase of social services aimed at providing a seamless delivery of assistance to individuals in need of Protective Services. Per **Ohio Administrative Code (OAC) 5101:2-20-01(J)**, these are adults known or suspected to be suffering from abuse, neglect or exploitation to an extent that either life is endangered or physical harm, mental anguish or mental illness results or is likely to result. As permitted in **OAC 5101.2-20-01(E)**, MCDJFS seeks to designate another agency to perform the Department's (MCDJFS) duties.

Namely:

- To investigate reports of suspected abuse, neglect or exploitation
- To evaluate the need for, and to the extent of available funds,
- To provide or arrange for the provision of protective services

1.2 Project Schedule

ACTION ITEM	DELIVERY DATE
Deadline for Proposals Received by County	September 20, 2006
Proposal Review Completed	September 29, 2006
Approximate Project Start-up	November 1, 2006

MCDJFS will not be liable for any costs incurred prior to entering into a contract with the Provider. MCDJFS reserves the right to award multiple contracts for any service outlined in this RFP.

1.3 Mahoning County Contact Person

The RFP, the evaluation of responses and the award of any resultant contract shall be made in conformance with current Mahoning County procurement procedures.

The **Mahoning County Contact Person** and mailing address to address questions about the bid process, technical issues or the Scope of Service shall be:

Lori A. Murphy
Performance Management Administrator
Mahoning County Department of Job and Family Services
P.O. Box 600
709 N. Garland Avenue
Youngstown, Ohio 44501-0600
Phone: (330) 884-6933
Fax: (330) 740-2617
E-mail: murphl01@odjfs.state.oh.us

1.4 Letter of Intent

Providers who want to receive updates regarding addenda or clarifications of response to this RFP are encouraged to submit a Letter of Intent by **4:00 PM on September 13, 2006**. All questions submitted prior to the submittal of the Letter of Intent will be answered after September 14, 2006, via email. The Letter of Intent **DOES NOT** commit the bidder to submit a proposal.

Fax, email, mail or hand deliver a Letter of Intent addressed to Lori A. Murphy using the information set forth above in Section 1.3

The Letter of Intent must state that the Provider intends to submit a proposal in response to this RFP and the name, title, address, telephone number, email address and fax number of the Provider's contact person. A form has been provided (See **Attachment II**). MCDJFS will acknowledge receipt of the Letter of Intent by return fax or email and will direct all correspondence regarding addenda to or clarification of this RFP to the contact person. MCDJFS is NOT responsible for a malfunctioning fax machine and/or email account.

MCDJFS is not responsible for a bidder's failure to receive information before the Letter of Intent is received. A bidder may submit a proposal without a Letter of Intent; however, failure to submit a Letter of Intent will exclude the Provider for the notice list, which may result in missing notification of significant information regarding this RFP.

1.5 Bidder's Conference

MCDJFS will not hold a Bidder's Conference with regard to this RFP. All questions from prospective bidders **must be submitted in writing via e-mail or fax** and will be answered, via email or fax, by MCDJFS with both questions and answers disseminated to all bidders who have submitted a Letter of Intent. **MCDJFS staff is prohibited from conducting conversations with individual bidders regarding the RFP between the date of the RFP release and the date of the proposal submission deadline.**

1.6 Provider Disclosures

Provider must disclose any pending or threatened court actions and/or claims against the Provider, parent company or subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding the information may be cause to reject the proposal.

1.7 Availability of Funds

This RFP is conditioned upon the availability of federal, state and/or local funds, which are appropriated or allocated for payment of the proposed services. If during any stage of this RFP process, funds are not allocated and available for the proposed services, the RFP process will be canceled. MCDJFS will notify the Provider at the earliest possible time if this occurs. MCDJFS is under no obligation to compensate Provider for any expenses incurred as a result of the RFP process. If additional funding becomes available during the term of the contract, MCDJFS, at its discretion, reserves the right to amend Provider's contract to increase the contract value.

1.8 Conflict of Interest

No Provider will promise, or give to any MCDJFS employee anything of value that could influence that employee in their decision on awarding contracts. No vendor will try to influence an employee of MCDJFS to violate any procurement policies of MCDJFS, the Ohio Revised Code or Federal Procurement Regulations.

2.0 Submission of Proposal

2.1 Preparation of Proposal

Proposals must provide a straightforward, concise delineation of qualifications, capabilities and experience to satisfy the requirements of the RFP. Expensive binding, colored displays, promotional materials etc. are not necessary or desired. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, completeness and clarity of content. The proposal must include all costs that relate to the submissions.

All proposals submitted shall become the property of MCDJFS. All proposals and associated documents will be considered public information and will be open for inspection to interested parties.

2.2 Proposal Cost

The cost of developing proposals is the responsibility of the Provider and shall not be chargeable to MCDJFS under any circumstances. The Provider must certify that the proposal and its pricing will remain in effect for a minimum of one hundred twenty (120) days after the proposal submission date. All materials submitted in response to the RFP will become the property of MCDJFS and will be returned at the option of MCDJFS, and at the Provider's expense.

2.3 False or Misleading Statements

Proposals which contain false or misleading statements, or which provide references which do not support an attribute or condition contended by the Provider, may be rejected. If, in the opinion of MCDJFS, such information was intended to mislead MCDJFS in its evaluation of the proposal and the attribute, condition or capability is a requirement of the RFP, the proposal will be rejected.

2.4 Provider Representative's Signature

The proposal shall be signed by an individual who is authorized to contractually bind the Provider. The signature must indicate the title or position the individual holds in the agency or firm. Agencies or firms which sign contracts with the name of the agency or firm must provide the name of a corporate officer or executive director for signature validation by MCDJFS. Any and all unsigned proposals will be rejected.

In submitting a proposal, the Provider affirms all statements contained in the proposal are true and accurate.

2.5 Delivery of Proposals

Providers must mail or deliver one (1) entire, signed, original proposal to:
Mahoning County Department of Job and Family Services, Business Office, Attn: Lori A. Murphy, 709 N. Garland Avenue, P.O. Box 600, Youngstown, Ohio, 44501-0600 no later than **4:00 p.m. EST on September 20, 2006**. It is the Provider's responsibility to ensure that MCDJFS has physically received the proposal before the deadline. Proposals received after the deadline will not be considered. No telegraphic, facsimile or telephone proposals will be accepted. If mailed, the Provider should use certified or registered mail, UPS or Federal Express with return receipt requested.

It is absolutely essential that Providers carefully review all elements in their final proposal. Once opened, proposals cannot be altered; however, MCDJFS reserves

the right to request additional information (or respond to inquiries for clarification purposes only).

2.6 Acceptance and Rejection of Proposals

MCDJFS reserves the right to:

- Award a proposal received on the basis of individual items, or on the entire list of items.
- Reject any or all proposals, or any part thereof.
- Waive any informality in the proposals.

The waiver of an immaterial defect shall in no way modify the RFP documents or excuse the Provider from full compliance with its specifications if the Provider is awarded the contract. MCDJFS reserves the right, at its discretion, to contract with any service provider for projects not included in this RFP.

2.7 Evaluation and Award of Contract

Proposal Review and Evaluation

Proposals which adhere to the minimum requirements will be deemed "Qualified." Those which do not will be deemed "Non-Qualified." "Non-Qualified" proposals will be placed in the inactive file. Partial submissions or proposals submitted after the designated deadline will be determined to be non-responsive and will be "Non-Qualified".

All qualified proposals will be reviewed, evaluated and rated by MCDJFS staff. At any time during the review, and at any level of the review, County may request additional information from the Provider. Such information requests by the County and Provider's responses must always be in writing. Information may be requested from sources other than the written bid to evaluate the Provider.

Proposals will be evaluated on the following:

- strength and stability of the Provider to provide the requested services;
- ability to meet the project/program time lines;
- overall responsiveness, viability and completeness of the bid as well as the likelihood that, in County's opinion and at County's discretion, the bid best meets or exceeds County's specifications;
- scope of service being proposed;
- information in the Executive Summary;

- number of years providing this type of service;
- Provider references;
- personnel qualifications;
- distinguishing characteristics;
- cost of proposed service as per Attachment I;
- any other facts considered relevant by County and demonstrated by the bid or investigation by County;
- experience with a similar project of comparable size and scope;
- working partnerships with other initiatives relating to or engaged with MCDJFS programs and priorities;
- previous service with Mahoning County;
- does the proposal clearly define the target population and need for services;
- does the proposal clearly describe the services to be delivered;
- are the goals and objectives clear, measurable, achievable, and results focused;
- quality and number of subcontractors; and
- subcontractor references.

The Review Committee will be instructed to evaluate each proposal against the criteria on the ranking sheet. At any time during the review, and at any level of the review, the Review Committee may request additional information from the Provider. Such information requests by the County and Provider's responses must always be in writing.

All qualified proposals shall be reviewed by the Review Committee using a standard Proposal Review Evaluation Rating Sheet tailored specifically for this RFP. The number of evaluation points for each section varies according to the value assigned for that particular aspect of the program. The ranking system to be used is as follows:

0 Ranking	Inadequate or unacceptable response
1 Ranking	Minimal Acceptance
2 Ranking	Fair
3 Ranking	Good
4 Ranking	Very Good

5 Ranking Excellent

The County reserves the right to invite Providers to make oral presentations on their proposal

2.8 Contract Award

All contracts are subject to approval and funding by the Board of Mahoning County Commissioners. If the Board of Commissioners does not approve the contract and funding, the contract shall not be awarded. In the event that federal or state funds become unavailable, the contract shall be cancelled in accordance with the RFP and standard contract provisions.

Proposal selection does not guarantee that a contract for services will be awarded. The selection process includes:

- A. All proposals will be evaluated in accordance with **Section 2.7 Evaluation and Award of Contract**. The proposal is rated based on the criteria in the RFP.
- B. The County will work with the successfully selected providers to negotiate and finalize the details of the contract document.
- C. All contract documents will be performance driven. In order to obtain total funding under a contract, all goals must be met.
- D. If County and the Provider are able to successfully finalize the contract document details, Staff will recommend the Provider to the Board of Mahoning County Commissioners (BMCC) for a contract award.
- E. If Staff determines that County and Provider are unable to successfully come to terms regarding the contract, the County reserves the right to terminate contract discussions with the Provider. Accordingly, Staff will not recommend the Provider to the BMCC. In this event, the County reserves the right to select another Provider from the RFP process, cancel the RFP or reissue the RFP if it is deemed necessary.

3.0 Terms and Conditions

If a contract ensues, the contents of the RFP and the commitments set forth in the selected proposals shall be considered contractual obligations. Failure to accept these obligations may result in cancellation of the award.

3.1 Type of Contract

The evaluation of proposals submitted in response to this RFP may result in the issuance of a contract. The contract shall incorporate the terms, conditions and requirements of the RFP, the Provider's proposal and all other agreements that may be reached.

The desired contract structure is one under which the Provider designs, develops, implements and trains, etc., and is solely responsible for the execution of the project/program and contract requirements.

If the Provider proposes a different type of approach, the Provider must describe the contractual protection offered to ensure successful implementation of the project. If Provider proposes a multi-Provider or sub-contractor approach, the Provider must clearly describe the responsibilities of each party and the performance assurances it will offer. The successful Provider's proposal, this RFP, and other applicable addenda will become part of the final contract. If the Provider is using subcontractors, the Provider must include a copy of the signed agreement between the Provider and subcontractor for inclusion in the contract that is finalized under this RFP.

3.2 Contract Period, Funding & Invoicing

A contract will be written for a period of **eight (8) months** with an effective date of **November 1, 2006 or as soon as practical thereafter** and ending no later than June 30, 2007. MCDJFS may extend a contract for services related to this RFP process for an additional 12 months upon mutual consent of the parties and contingent upon the availability of funding and successful contract performance of the Provider. MCDJFS contracts are based upon reimbursement for services provided.

Contract reimbursement is based on reimbursement on a unit cost, upon approval of deliverables by MCDJFS. Provider can claim payment only for services based upon actual costs of delivery. Providers will submit invoices for the actual services provided and performance goals achieved. Invoices are to be submitted monthly and must be submitted by the fifth (5th) business day following the month preceding. Failure to submit invoices in a timely fashion shall result in the following prorated schedule: after ten (10) business days – ninety percent (90%) of invoice amount; after twenty (20) business days – eighty percent (80%) of invoice amount; after thirty (30) business days – seventy-five percent (75%) of invoice amount; after forty (40) business days – fifty percent (50%) of invoice amount; and after fifty (50) business days the agreement will terminate as provided for herein. The Provider will only be paid for services authorized by MCDJFS. Reimbursement will be made within forty-five (45) days of receipt of invoices and any required documentation by MCDJFS. It is understood that MCDJFS will withhold ten percent (10%) of each payment pending attainment of all contract goals. Upon attainment of all goals, MCDJFS shall pay Provider eight percent (8%) of the holdback. It is further agreed that the remaining retainage, amounting to two percent (2%) of the total fee, shall be withheld by MCDJFS for final disposition, after final approval of the MCDJFS Project Manager, whose approval will not be unreasonably withheld.

The Provider will be expected to submit written reports upon request and as defined in the contract. Reimbursement by MCDJFS is made within forty-five (45) days of receipt of invoices and any required documentation.

3.3 Provider Certification Process

For the selected Provider(s), the Provider Certification process will be completed prior to contract signing. The purpose of the process is to provide some assurance to the County that the Provider has the administrative capacity to effectively and efficiently manage the contract. The process covers three (3) key areas: Section A - basic identifying information; Section B - financial and administrative information; and Section C - quality assurance information.

3.4 Confidentiality and Security

Any Provider or contractor engaging in any service for MCDJFS requiring them to come into contact with confidential MCDJFS information will be required to hold confidential such data made available to them.

3.5 Delinquent Property Tax Statement

Prior to the contract signing, the selected Provider shall submit a statement affirmed under oath that at the time the bid was submitted, the Provider was not charged with any delinquent personal property taxes on the general tax list of personal property for Mahoning County, Ohio or that the Provider was charged with delinquent personal property taxes on said list, in which case the statement shall set forth the amount of such due and unpaid delinquent taxes as well as any due and unpaid penalties and interest thereon (Attached Affidavit).

If the statement indicates any delinquent taxes, a copy of the statement will be transmitted to the County Treasurer within thirty (30) days of the date it is submitted.

A copy of the statement shall also be incorporated into the contract, and no payment shall be made with respect to the contract, unless the statement has been incorporated and payment has been made or payment plan arrangements have been finalized with the County.

3.6 Certifications

Prior to the contract signing, the selected Provider shall submit a statement affirmed under oath, stating that:

1. Provider certifies and affirms that Provider has not been debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76 or other applicable Statutes.
2. Provider certifies and affirms that Provider is not on the list established by the Ohio Secretary of State, pursuant to Ohio Revised Code Section 121.23 which identifies

persons and businesses with more than one unfair labor practice contempt of court finding against them.

3. Provider certifies and affirms that Provider either is not subject to a finding for recovery under Ohio Revised Code Section 9.24, or has taken appropriate remedial steps required under that statute or otherwise qualifies under that section to enter into contracts with the State of Ohio. It is understood that per Ohio Revised Code Section 9.24, MCDJFS will check the state website to ensure that there are no findings of recovery concerning the Provider.

4.0 REQUIREMENTS & SPECIFICATIONS

4.1 Project Overview

MCDJFS is committed to the successful implementation of Protective Services, as stated in OAC 5101:2-20-01(Q). These "Protective Services" are services provided by the CDJFS or its designated agency to an adult who has been determined by evaluation to require such services for the prevention, correction or discontinuance of an act of, as well as, conditions resulting from abuse, neglect or exploitation. Protective services may include, but are not limited to, case work services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services and placement services, as well as, the provision of such commodities as food, clothing and shelter.

The amount of reported Adult Protective Service (APS) cases will vary depending on many factors that may include community based stressors, economic conditions and general awareness of the purpose and intent of APS. Similarly, cases requiring additional services beyond the assessment/investigation (typically reports that are identified as "validated" investigation dispositions) will vary in number as well as intensity, depending on the conditions and needs represented by the adult subject of the reports.

- **Reports are received in Mahoning County seven days a week, 24 hours per day, requiring the designated agency to maintain an "on call" capability in the event of an emergency.**
- **The following are basic data relating to the number of reports alleging abuse, neglect or exploitation of an adult age 60 years and over received in Mahoning County:**

<u>YEAR</u>	<u>REPORTS</u>
2003	376
2004	423
2005	520

Allegations Received by Type					
Year	Abuse	Self Neglect	Neglect By Others	Exploitation	Total
2003	150	91	70	65	376
2004	172	90	81	80	423
2005	265	85	80	90	520

Disposition Outcomes of Completed Assessments			
Year	Validated Allegations	Non-Validated Allegations	Total
2003	150	226	376
2004	185	238	423
2005	220	300	520

The agency designated to provide these services as a result of this RFP process shall enter into a contract with MCDJFS and will perform any additional duties mutually agreed upon AND include the following conditions:

- The designated agency shall comply with paragraphs (B), (C), and (D) of rule 5101:2-20-02 and rules 5101:2-20-04 of the Ohio Administrative Code.
- The designated agency must insure that all reports assigned to them are investigated and managed in compliance with the law.
- Understand and accept that MCDJFS has ultimate responsibility for the designated services and therefore, the designated agency will cooperate fully with performance and fiscal audits conducted by MCDJFS and its representative or other authorities as may be designated by the Ohio Department of Job and Family Services at a time and location mutually agreed upon, or on demand of MCDJFS as circumstances, conditions or events may require.

If, as a Provider, you have a program that meets the needs in the Project Overview, you are encouraged to submit a proposal. All programs and proposals submitted must conform to the requirements as outlined in the Ohio Administrative Code.

The County encourages collaborations among Providers, community-based agencies and/or employers to offer services and programs. A stand-alone agency may also have necessary capacities.

A copy of the PRC Program is available at www.mahoningcountyoh.gov.

4.2 Provider Project Requirements

- A. Provider services are expected to meet the mandates required in Ohio Revised Code **(ORC) 5101.61-72** and adhere to rules promulgated by the Ohio Department of Job & Family Services found in **OAC 5101:2-20-01-04**.
- B. The Provider must submit a description of the services and programs it intends to provide to the adult population to be served. The description should include the identification of any exclusionary conditions or circumstances as well.
- C. The Provider must show proof of experience or otherwise demonstrate the ability to provide quality services to the adult population that will be served by the Provider agency.
- D. The Provider must submit proof of any currently held license/certification. The Provider must be able to certify that all personnel providing direct services and personnel managing or supervising those personnel, to include other resources incorporated in the programming and services offered by the Provider, are appropriately educated and experienced to perform the services and activities required to deliver quality APS. These personnel may be licensed or certified by a proper authority including, however not limited to, the Ohio Department of Job & Family Services, Ohio Department of Mental Health, Ohio Department of Alcohol & Drug Addiction Services, Ohio Department of Health, Ohio Department of Mental Retardation and Developmental Disabilities.
- E. One or more of the following certifications are required:
 - ODJFS, Ohio Department of Job & Family Services
 - ODMH, Ohio Department of Mental Health
 - ODMR/DD Ohio Department of Mental Retardation and Developmental Disabilities (Community Alternative Funding System)
 - COA, Council on Accreditation
 - JCOHA, Joint Council on Hospital Administration
 - NCQA, National Commission on Quality Assurance
- F. The Provider must be Medicaid approved.
- G. Submit a copy of the Providers' Certificate of Insurance as verification of adequate insurance.

- H. MCDJFS seeks a Provider (whenever reasonable and appropriate), whose operations and services are provided from within the geographical boundaries of Mahoning County, Ohio.
- I. The Provider must include a commitment to and a plan for, maintaining a capability to contact an appropriate APS representative on an “on-call” basis, 24 hours per/day, seven (7) days a week.
- J. Provider services are expected to have measurable program outcomes and practices in place for ongoing program evaluation and improvement.

4.3 Performance Goals & Outcome Measures

Providers will be required to track and measure program outcomes and other indicators of program performance. Examples of other measures Providers may be asked to collect vary by service but might include:

1. Number of reports of adults in need of APS.
2. Number of cases differentiated by: abuse, self-neglect, neglect by others and exploitation.
3. Number of “validated” and “non-validated” reports.
4. Number of reports referred by MCDJFS..
5. Percentage of plans of APS done within 30 day of the validated report.

5.0 Bid Format

To expedite and simplify the process for evaluating proposals and to assure each proposal receives the same orderly review, it is required that all proposals be submitted in the format as described in this section. Proposals must contain all the elements of information specified **without exception.** Proposal sections must be numbered corresponding to the following format:

Section 1 - Cover Sheet

Section 2 - Executive Summary

Section 3 - Scope of Service

Section 4 - Provider References

Section 5 - Personnel Qualifications

Section 6 - Distinguishing Characteristics

Section 7 - Cost of Proposed Service

Section 8 – Unit of Service Cost

5.1 Section 1 Cover Sheet

Each proposal must be signed by an authorized representative of the Provider and also include the names of individuals authorized to negotiate with the County. The signature line must indicate the title or position the individual holds in the company. Any and all unsigned proposals will be rejected.

5.2 Section 2 Executive Summary

Provide the following information relative to your agency or company.

A. Location of Agency/Company

Provide the address for the Provider's headquarters or name of the Provider's local office nearest to the City of Youngstown, Ohio (if applicable). Include a contact name, address and phone number.

B. Provider's Primary Business

State the Provider's primary line of business, the date established, the number of years of relevant experience and the number of employees.

C. Provider Ownership

Describe how the Provider is owned (include the form of business entity i.e., non-profit corporation, partnership or sole proprietorship) and financed.

D. Provider History

Provide a brief history of Provider's organization. Briefly state the programmatic and administrative experience qualifying the Provider to perform the proposed services. Include the Provider's mission statement, philosophy of service and any special qualifications. Provide information on community involvement and community partnerships. Provide a brief description of the Provider's knowledge of population to be served.

E. Attachments - Include the following:

1. A Table of Organization that clearly distinguishes programs, channels of communication and the relationship of the proposed purchase of service to the total company.

2. Articles of Incorporation (filed with the Secretary of State's Office) or statement of Provider's status (i.e.; local political subdivision).
3. A current certificate of insurance. If selected for a contract, the following insurance coverage is required:
 - 1) Workers' Compensation Insurance,
 - 2) If the operation of an automobile is necessary to the performance of the contract, automobile insurance must be included with the amount of one million dollars (\$1,000,000) per claim, and amount of three million dollars (\$3,000,000) in the annual aggregate,
 - 3) A policy of professional liability and commercial general liability insurance with limits in one million dollars (\$1,000,000) per claim, and three million dollars (\$3,000,000) in the annual aggregate, and
 - 4) All policies shall name MCDJFS and the Board of Mahoning County Commissioners as Additional Insured.

Current workers' compensation and insurance certificates must be attached to the original proposal.

4. A copy of the Provider's most recent annual report, the most recent independent annual audit report and a copy of all management letters related to the most recent independent annual audit report and the most recent 990.

For partnership and sole proprietorships, include a copy of the 2004 and 2005 federal income tax reports, a 2005 year end balance sheet and income statement. If no audited statements are available, Provider must supply equivalent financial statements certified by Provider to fairly and accurately reflect the Provider's financial status.

5. Job descriptions for all positions in the project/program budget.
6. Daily service/attendance form. Include a blank copy of the forms used to record services provided. Information must include date of service, beginning and end time of service, names of all participants who received service, and name of the instructor or social worker. Also include forms used to record adult progress.
7. Program quality documents. Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation or copies of awards received for excellent program quality.

8. A copy of the Provider's brochures which describe the service being purchased (if applicable).
9. Description of the Provider Organization's computer, Management Information Systems (MIS) capabilities.

F. Statements of Cooperation

If, in the design of the proposal, more than one agency/business will be providing services, the vendor must identify if the other party(ies) will be a partner or a subcontractor and submit a Partnership or Subcontractor Statement. These are **NOT** letters of support.

A. Partnership Agreement (If applicable)

If the program is designed as a partnership, the proposal will not be reviewed or considered for funding unless it is accompanied by a Partnership Agreement signed by an authorized representative of the partner organization that verifies the partnership and includes the following:

- Outline of the relationship between the partners
- Clear definition of the role that each partner will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship

B. Subcontract Agreement (If applicable)

If the provider plans to have a subcontractor, the proposal will not be reviewed or considered for funding unless it is accompanied by a Subcontractor Agreement signed by an authorized representative of the subcontractor that verifies the relationship. The statement should include the following:

- Outline of the relationship between the provider and the subcontractor
- Clear definition of the role that each vendor will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship
- All subcontractors must be approved by MCDJFS and will be held to the same contract standards as the Provider

5.3 Section 3 Scope of Service

Provide a detailed description of the Scope of Services to be provided. Include a statement describing how Provider resources and experiences will support this project/program. The Provider should also clearly state its competitive advantage and its ability to meet the terms, conditions, and requirements as defined in this RFP.

5.4 Section 4 Provider References

The Provider must list at least two (2) references for which products or services were acquired or provided, similar in nature and functionality to those requested by MCDJFS. Each reference must be accompanied by:

- Company name
- Address
- Phone number & fax number
- Contact person
- Nature of relationship and service performed
- Time period of contract

If references cannot be provided, explain why.

5.5 Section 5 Personnel Qualifications

For key personnel who will be working on the project/program, please submit resumes with the following:

- Proposed role
- Industry certification(s)
- Work history
- Personal reference (company name, contact name and phone number, scope and duration of project/program)

5.6 Section 6 Distinguishing Characteristics

Providers are encouraged to identify the distinguishing characteristics of their package or service. These characteristics may be beyond the scope of this project/program, if the Provider deems they would provide value to the long-term goals of MCDJFS.

5.7 Section 7 Cost of the Proposed Services

- A. Total cost of the project/program is a key factor in the evaluation of the proposals. Specify the cost for the various parts of the project/program. Costs must be broken down by type of work, as well as qualifications of staff i.e., senior project/program manager vs. lower level position. Total project/program cost must be listed on the Cover Sheet.

- B. Provider must provide a detailed narrative that demonstrates how costs are related to the service presented in the proposal.
- C. **“Unallowable”** project/program costs include bad debt, bonding costs, contingencies, contributions or donations, entertainment costs, costs of alcoholic beverages, goods or services for personal use, fines, penalties and mis-charging costs, gains and losses on disposition or impairment of depreciable or capital assets, interest and other financial costs, losses on other contracts, organization costs, costs related to legal and other proceedings, goodwill, asset valuations resulting from business combinations, and legislative lobbying costs.

If a Provider believes that some of the “unallowable” costs listed above would be an appropriate expense for this project/program, Provider must explain the reasoning in detail and submit the justification. MCDJFS reserves the right to determine if the cost(s) will be allowable or unallowable for this project/program.

- D. Provider costs must be in compliance with applicable OMB circular(s), which can be found at <http://www.whitehouse.gov/omb/circulars/index.html>.

5.8 Section 8 Unit of Service Cost

Provider must indicate how they arrived at their Unit of Service Cost.

Attachment I
PROVIDER BUDGET
Summary Sheet

Provider	
-----------------	--

1. Staff	Estimated Amount
A. Salaries	\$
B. Payroll-Related Expenses	\$
Total Staff Costs	\$
2. Operations	
A. Travel and Short-Term Training	\$
B. Consumable Supplies	\$
C. Occupancy Costs	\$
D. Contract and Professional Services	\$
E. Other - Miscellaneous	\$
Total Operational Costs	\$
3. Equipment	
A. Equipment Subject to Depreciation	\$
B. Small Equipment Purchases	\$
C. Leased and Rented Equipment	\$
Total Equipment Costs	\$
Sub-Total of All Costs	\$
4. MINUS Fees Collected by the Provider	\$
Total Program Costs	\$

1. A. Salaries

Position Title	Number of Positions Requested	Annual Salary	Percent of Time to Program	Reimbursable Salary
		\$		\$
Total Reimbursable Salaries				\$

1. B. Payroll-Related Expenses

Item	Payroll-Related Expenses
PERS or Social Security	\$
Worker's Compensation/Unemployment Insurance/Medicare	
Retirement Expense	
Hospitalization Insurance Premium	
Other (<i>identify</i>)	
Total Payroll-Related Expenses	\$

2. A. Travel and Short-Term Training

Mileage Reimbursement	\$
Short-Term Training	
Total Travel and Short Term Training	\$

2. B . Consumable Supplies

Type	Consumable Supplies
Office Supplies	\$
Cleaning Supplies	
Other (<i>identify</i>)	
Total Consumable Supplies	\$

2. C. Occupancy Cost

<input type="checkbox"/> Rental @ \$_____per square foot or	\$
<input type="checkbox"/> Usage allowance/depreciation @ ____% rate of original acquisition cost of \$_____ by Program Square Footage Percentage (Program Square Footage _____ divided by Provider Square Footage _____ = ____%)	\$
<input type="checkbox"/> Maintenance and Repairs	\$
<input type="checkbox"/> Utilities (<i>if not included in rent</i>) Heat and Light \$ Telephone Water	\$
Total Occupancy Cost	\$

2. D. Contract & Professional Services - Counseling, System Support, etc.

Identify Each Contract or Service	Cost
	\$
Total Contract & Services Costs	\$

2. E. Other - Miscellaneous

Identify Miscellaneous Cost	Cost
	\$
Total Miscellaneous Cost	\$

3. A. Equipment Subject to Depreciation

Equipment to be Depreciated (1)	New or Used (2)	Date Purchase d (3)	Quality (4)	Total Actual Cost (5)	Salvage Value (6)	Amount to be Depreciated (7)	Useful Life (8)	Chargeable Annual Depreciation (9)
Total Equipment Depreciation Charges								\$

3. B. Small Equipment Purchases (Equipment costing under \$25,000)

Item	Quantity	Small Equipment Purchases
		\$
Total Small Equipment Purchases		\$

3. C. Leased and Rented Equipment

Item	Model and Year	Quantity	Leased and Rented Equipment Charge
			\$
Total Leased and Rented Equipment			\$

Budget Computation:

Total Operating Expenses \$ _____ divided by Total Operating Units _____ = Unit Rate.

Unit Rate _____ x Number of Units Purchased _____ = 100% Contract Value.

Attachment II

**LETTER OF INTENT TO SUBMIT A RESPONSE TO A
REQUEST FOR PROPOSAL**

Mahoning County Department of Job and Family Services
P.O. Box 600
709 N. Garland Avenue
Youngstown, Ohio 44501-0600
Fax: (330) 740-2617

*****PLEASE PRINT CLEARLY OR TYPE*****

TO: Lori A. Murphy, Performance Management Administrator

From: _____
Director, President, CEO

Phone: _____
E-mail: _____

RE: Letter of Intent for **ADULT PROTECTIVE SERVICES**

_____ intends
to submit a proposal in response to the Request for Proposal for service. Please direct all
correspondence to the contact person listed below:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Submission of this from **by 4:00 PM on September 13, 2006** will ensure your inclusion in the notice
list for correspondence regarding addenda to or clarification of this RFP. All subsequent questions
and answers will be forwarded upon receipt of the Letter of Intent. Failure to submit a Letter of intent
will result in the provider's exclusion from this list, which will result in missing notification of significant
information regarding this process.

Provider Signature & Title

Date

Agency

AFFIDAVIT

(Sec. 5719.042 ORC)

State of: Ohio

County of: Mahoning

To: The Auditor of Mahoning County, Ohio:

_____ being first duly sworn, deposes and says as follows:

1. Affiant is _____ of _____,
the business entity that has submitted to the Board of Mahoning County Commissioners
a bid for Adult protective Services.
2. That, at the time that the aforesaid bid was submitted, that date being _____,
the said business entity was not charged with
any delinquent personal property taxes on the general tax list of personal
property of the County of Mahoning, State of Ohio.

And further Affiant sayeth not.

Date

Signature of Affiant

Name of Business

Business Address

Sworn to before me and subscribed in my presence this ____ day of September, 2006.

Signature of Notary Public

A Notary Public in and for said County and State.
My Commission expires _____.

[S E A L]

OHIO REVISED CODE

[Contractor to submit statement as to delinquent taxes; incorporation]

After the award by a taxing district of any contract let by competitive bid and prior to the time the contract is entered into, the person making a bid shall submit to the district's fiscal officer a statement affirmed under oath that the person with whom the contract is to be made was not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which the taxing district has territory or that such person was charged with delinquent personal property taxes on any such list, in which case the statement shall also set forth the amount of such due and unpaid delinquent taxes and any due and unpaid penalties and interest thereon. If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the fiscal officer to the county treasurer within thirty days of the date submitted.

A copy of the statement shall also be incorporated into the contract, and no payment shall be made with respect to any contract to which this section applies unless such statement has been so incorporated as a part thereof.